

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Darren Cecchini

Petition No. 940408-20-006

PRELICENSURE CONSENT ORDER

WHEREAS, Darren Cecchini of Glastonbury, Connecticut (hereinafter "respondent") has applied for licensure to practice as a hairdresser and cosmetician by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut as amended; and,

WHEREAS, respondent admits and acknowledges that:

1. The Department has at no time issued respondent a license to practice the occupation of hairdresser and cosmetician under the General Statutes of Connecticut, Chapter 387.
2. On July 5, 1988, respondent pleaded guilty to and was convicted of possession of, with intent to distribute, a Schedule II controlled substance (cocaine) for which he was incarcerated and, at the completion of said incarceration, placed on probation.
3. By the actions described in paragraph 2 above, respondent has committed acts which, if respondent had been licensed at the time, fail to conform to the accepted standards of practice for hairdressers and cosmeticians; therefore, respondent is subject to denial of his application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut,

Darren Cecchini hereby stipulates and agrees to the following:

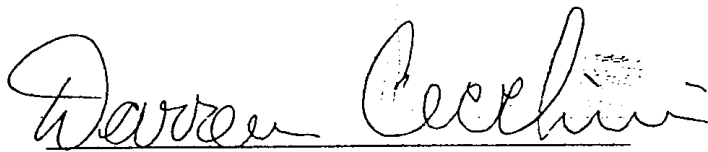
1. That he waives his right to a hearing on the merits of this matter.
2. That upon satisfaction of the requirements for licensure as a hairdresser and cosmetician as set forth in Chapter 387 of the General Statutes of Connecticut, respondent's license to practice as a hairdresser and cosmetician will be issued.
3. That his license to practice as a hairdresser and cosmetician in the State of Connecticut shall, upon issuance, be placed on probation for eighteen (18) months subject to the following terms and conditions:
 - A. Respondent shall accept employment only as an employee of a licensed hairdresser and cosmetician for the period of his probation.
 - B. Respondent shall provide a copy of this Prelicensure Consent Order to all current and future employers for the duration of his probation.
 - C. Respondent shall be responsible for the provision of written reports directly to the Department from his employer monthly for the first twelve (12) months of his probation, every other month for the last six (6) months of probation. Employer reports shall include documentation of respondent's ability to safely and competently practice the occupation of hairdresser and cosmetician, and shall be issued to the Department at the address cited in paragraph 6 below.
 - D. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.

- E. Respondent shall notify the Department of any change in his home or business address within fifteen (15) days of such change.
 - F. Reports required in paragraph 3C above are due on the tenth business day of the month. The first report required by the terms of this Prelicensure Consent Order is due on the tenth day of the first full month after the effective date of this Prelicensure Consent Order.
- 4. That respondent shall comply with all state and federal statutes and regulations applicable to his license.
 - 5. That any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department to immediately deem respondent's hairdresser and cosmetician license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.
 - 6. That all correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

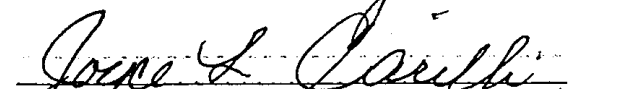
Lynne A. Hurley, Investigator
Department of Public Health and Addiction Services
150 Washington Street
Hartford, Connecticut 06106

7. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
8. That he understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians in which his compliance with §20-263 of the General Statutes of Connecticut as amended, is at issue.
9. That this Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut provided that this stipulation shall not deprive him of any other rights that he may have under the laws of the State of Connecticut or of the United States.
10. That this Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
11. That this Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. That this Prelicensure Consent Order is a matter of public record.
13. That respondent has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

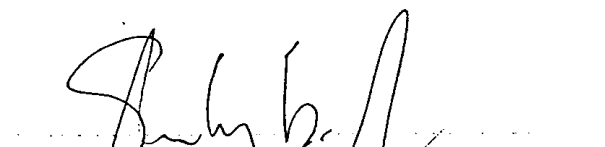
I, Darren Cecchini, have read the above Prelicensure Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.


Darren Cecchini

Subscribed and sworn to before me this 26th day of August 1994.


Notary Public or person authorized
by law to administer an oath or
affirmation 3/31/97
#80104

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 30th day of August 1994, it is hereby ordered and accepted.


Stanley K. Peck, Director
Division of Medical Quality Assurance

RAS:cja
9647Q/50-54
5/94



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION

H/C

February 29, 1996

Mr. Darren Cecchini
233 Buttonball Lane
Glastonbury, Connecticut 06033

Re: Prelicensure Consent Order
Petition No. 940408-20-006
License No. 046170

[REDACTED]

Dear Mr. Cecchini:

Please accept this letter as notice that you have successfully completed the terms of your probation, effective February 29, 1996.

Notice shall be sent to our License and Registration section to remove any restrictions from your license related to this Consent Order.

Thank you for your cooperation in this process.

Very truly yours,

Bonnie Pinkerton

Bonnie Pinkerton
Nurse Consultant
Public Health Hearing Office

BEP
1833Q/99
2/96

cc: Debra Tomassone

Phone: TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
An Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

BUREAU OF HEALTH SYSTEM REGULATION

September 14, 1994

Darren Cecchini
233 Buttonball Lane
Glastonbury, CT 06033

Dear Mr. Cecchini:

This is in regard to your application for Connecticut hairdresser/cosmetician licensure.

Enclosed, for your convenience, is a copy of the fully-executed Prelicensure Consent Order, pursuant to which your license is being granted.. Your license number is 046170; it became effective on September 9, 1994.

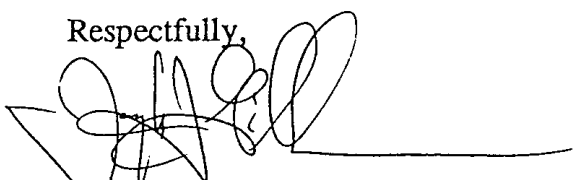
Please be advised that, pursuant to the terms of the Consent Order, your license has been placed on probation for eighteen months; you are required to satisfy the terms and conditions delineated in the Consent Order in order to be eligible for full and unrestricted licensure.

Your license must be renewed annually during your month of birth. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you satisfy current licensing requirements. I must also note that it is your responsibility to keep this Department informed of any name or address changes; failure to do so may jeopardize the status of your license.

Should you have any questions or concerns regarding the renewal of your license, please contact the Licensure and Registration Section at (203) 566-1034.

I hope this information is helpful.

Respectfully,



Joseph J. Gillen, Ph.D.
Section Chief
Medical Quality Assurance

cc: Donna Brewer
John Boccaccio
Roberta Swafford

Phone: TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
An Equal Opportunity Employer